Listing of the Claims:

Claims 1-30 (Canceled)

31. (Presently amended) A flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, ~~in which may be distinguished~~ comprising:

- a front portion ~~(A)~~ corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms ~~(E)~~;

- a central portion ~~(B)~~ corresponding to the central part of the trapezium;

- a rear portion ~~(D)~~ corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms ~~(F)~~ diverging from each other and parallel to the sides of the trapezium;

~~characterised~~ characterized in that the said two front arms ~~(E)~~ branch off from the front portion ~~(A)~~ in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion ~~(B)~~ has a central hole ~~(U)~~ from which starts a cleft ~~(H)~~.

32. (Presently amended) The device according to Claim 31, wherein said cleft ~~(H)~~ longitudinally cuts the rear portion ~~(D)~~ of said central body.

33. (Presently amended) The device according to Claim 31, wherein said cleft ~~(H)~~ longitudinally cuts the front portion ~~(A)~~ of said central body.

34. (Presently amended) The device according to Claim 31, ~~wherein said cleft~~ ~~(H)~~ comprising a set of right and left halves formed by a cleft that longitudinally cuts both the front portion ~~(A)~~ and the rear portion ~~(D)~~ of said central body said halves being rejoinable along said cleft during surgical implantation into the vaginal cavity.

35. (Presently amended) The device according to Claim 31, wherein said cleft ~~(H)~~ transversely cuts the right central portion of said central body.

36. (Presently amended) The device according to Claim 31, wherein said cleft ~~(H)~~ transversely cuts the left central portion of said central body.

37. (Previously presented) The device according to Claim 31, wherein said material with a reticular or laminar structure is selected from the group consisting of materials of organic origin and materials of a synthetic nature.

38. (Presently amended) The device according to Claim 37, wherein said material ~~of organic origin~~ with a reticular or laminar structure is selected from the group consisting of membrane of bovine pericardium, human fascia lata, acellular matrix of pig collagen, and submucosa of pig small intestine.

39. (Previously presented) The device according to Claim 38, wherein said membrane of bovine pericardium is treated with glutaraldehyde and heparin.

40. (Presently amended) The device according to Claim ~~37~~ 31, wherein said material is of a synthetic nature and is selected from a group of materials based on single-filament polypropylene.

41. (Presently amended) The device according to Claim ~~37~~ 31, wherein said material is of synthetic origin and is a mixture of polypropylene and polyglactin.

42. (Presently amended) The device according to Claim 37, wherein said material has holes having diameter comprised between 0.01 cm and 0.05 cm, at a distance from each other of between 0.06 and 0.1 cm.

43. (Presently amended) The device according to Claim 37, wherein said material has holes having diameter of 0.03 cm, at a distance from each other of 0.08 cm.

44. (Currently amended) The device according to Claim 31 ~~claims~~, wherein:

- the length a-a of the front arms is between 8.0 and 15 cm;

- the length b-b of the front portion is between 2.5 and 6.0 cm;

- the length c-c of the front portion is between 3.0 and 6.0 cm;

- the width b-c of the front arms is between 1.0 and 3.0 cm;

- the length d-y of the front portion is between 2.5 and 6.5 cm;

- the total length d-z of the device is between 4 and 8 cm;

- the length e-f of the rear portion is between 1.8 and 4.0 cm;

- the distance h-h between the rear arms is between 1.5 and 7.0 cm;

- the distance g-g between the rear arms is between 4.9 and 10 cm;

- the distance i-i between the rear arms is between 4.5 and 10.5 cm;

- the length h-l of the rear arms is between 1 and 3 cm.

45. (Previously presented) The device according to Claim 44, wherein:

- the length a-a of the front arms is 10 cm;

- the length b-b of the front portion is 3.8 cm;

- the length c-c of the front portion is 3.8 cm;

- the width b-c of the front arms is 2.0 cm;

- the length d-y of the front portion is 4.0 cm;

- the total length d-z of the device is 6 cm;

- the length e-f of the rear portion is 2.7 cm;

- the distance h-h between the rear arms is 5.0 cm for patients with a large body size and 3.5 cm for patients with a small size

- the distance g-g between the rear arms is 8.0 cm for patients with a large body size and 6.9 cm for patients with a small size;

- the distance i-i between the rear arms is 8.5 cm for patients with a large body size and 6.5 cm for patients with a small size;

- the length h-i of the rear arms is 1.5 cm.

46. (Previously presented) The device according to Claim 31, wherein:

- the length a-a of the front arms is between 8.0 and 15 cm;

- the length b-b of the front portion is between 2.5 and 6.0 cm;

- the length c-c of the front portion is between 3.0 and 6.0 cm;

- the width b-c of the front arms is between 1.0 and 3.0 cm;

- the length d-y of the front portion is between 2.5 and 6.5 cm;

- the total length d-z of the device is between 11 and 15 cm;

- the distance y-x in the central hole U is between 0.6 and 1.6 cm;

- the distance x-e in the central hole U, the same as or different from the distance y-x, is between 0.6 and 1.6 cm;

- the length e-f of the rear portion is between 1.8 and 4.0 cm;

- the distance h-h between the rear arms is between 1.5 and 7.0 cm;

- the distance g-g between the rear arms is between 4.9 and 10 cm;

- the distance i-i between the rear arms is between 4.5 and 10.5 cm;

- the length h-i of the rear arms is between 2.5 and 6.5 cm.

47. (Previously presented) The device according to Claim 46, wherein:

- the length a-a of the front arms is 10 cm;

- the length b-b of the front portion is 3.8 cm;

- the length c-c of the front portion is 3.8 cm;

- the width b-c of the front arms is 2.0 cm;

- the length d-y of the front portion is 4.0 cm;

- the total length d-z of the device is 12 cm;

- the distance y-x in the central hole U is 1.1 cm;

- the distance x-e in the central hole U is 1.1 cm;

- the length e-f of the rear portion is 2.3 cm;

- the distance h-h between the rear arms is 5.0 cm for patients with a large body size and 3.5 cm for patients with a small size;

- the distance g-g between the rear arms is 7.6 cm for patients with a large body size and 6.0 cm for patients with a small size;

- the distance i-i between the rear arms is 8.5 cm for patients with a large body size and 6,5 cm for patients with a small size;

- the length h-i of the rear arms is 4.5 cm.

48. (Presently amended) ~~Method~~ A method for surgically implanting. the flat implantable device as described in Claim 31 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

49. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 32 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

50. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 33 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginalliaparoscopical surgery, and mini-invasive surgery.

51. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 34 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

52. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 35 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

53. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 36 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the

vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

54. (Cancel)

55. (Presently amended) ~~Method~~ The method according to Claim 54, wherein, when the said device is inserted into the vaginal cavity of the patient by means of "tension free" vaginal surgery, the said device is positioned inside the vaginal cavity without fixing it, but only making dissections in the tendineous arch of the levator ani which guarantee the positioning of the front arms of the said device.

56. (Cancel)

57. (Cancel)

58. (Cancel)

59. (Cancel)

60. (Presently amended) ~~Method~~ A method for surgically implanting the flat implantable device as described in Claim 44 in a patient suffering of a partial prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

61. (Cancel)

62. (New) A method for surgically implanting. the flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus, if present; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing the two front arms of the said device respectively on the right and on the left on the said opened tendineous arch; and bilaterally fixing the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

63. (New) A method for surgically implanting. the flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of

the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus, if present; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing the two rear arms or the two front arms of the said device in which the cleft extends longitudinally from the central hole respectively on the right and on the left on the said opened tendineous arch; passing respectively the two front arms or rear arms by the sides of the neck of the uterus, one on the right and one on the left until the central part of the said device surrounds the neck of the uterus; rejoining the right and the left half of respectively the front or the rear portion of the device in the centre with two stitches; and, bilaterally fixing the front arms or the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

64. (New) A method for surgically implanting the flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, wherein said cleft longitudinally cuts the rear portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus, if present; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing first one half of the said device through the two front and rear arms and then the other half respectively to be opened tendineous arch and to the sacrospinous ligament or to the iliococcygeal muscle; rejoining the two halves already fixed both at the front and at the rear on the front portion and on the rear portion, taking care to position the neck of the uterus in the central hole.

65. (New). A method for surgically implanting the flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, wherein said cleft longitudinally cuts the front portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus, if present; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing first one half of the said device through the two front and rear arms and then the other half respectively to be opened tendineous arch and to the sacrospinous ligament or to the iliococcygeal muscle; rejoining the two halves already fixed both at the front and at the rear on the front portion and on the rear portion, taking care to position the neck of the uterus in the central hole.

66. (New). A method for surgically implanting the flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, wherein said cleft longitudinally cuts both the front portion and the rear portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, possibly "tension free", selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus, if present; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing the two rear arms or the two front arms of the said device in which the cleft transversely cuts respectively the right or left central portion of said central body on the said opened tendineous arch; passing respectively the two front arms or rear arms by the size of the neck of the uterus respectively both on the left or on the right until the central part of the said device surrounds the neck of the uterus; rejoining the said cleft in the center with stitching; and bilaterally fixing the front arms or the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

67. (New) A method for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium;

characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the cervix; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing the two front arms of the said device respectively on the right and on the left on the said opened tendineous arch; and bilaterally fixing the rear arms to the neck of the uterus.